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Substitute for Form 1449/PTO				Complete if Known		
•					Application Number	10/010,226
	~ ~	-	NTC/	OT OCUBE	Filing Date	December 6, 2001
INFORMATION DISCLOSURE					First Named Inventor	Thomas MÜLLER
STATEMENT BY APPLICANT					Art Unit	3683
Use as many sheets as necessary)				ssary) · · ·	Examiner Name	Siconolfi, R.
Sheet	1	of	1	\	Attorney Docket Number	5253-16

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Examiner Cita		Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant	
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Examiner	Cite	Foreign Patent Document	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where Relevant Passages or	Te
Initials*	No.	Country Code <sup>3</sup> Number <sup>4</sup> Kind-Code <sup>5</sup> (I <sup>I</sup> Innana	MM-DD-YYYY	Applicant of Cited Document	Relevant Figures Appear	
W		JP2000145865	05/26/00	Makoto, et al.		yes
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Examiner Signature	Michael a Huant	Date Considered	6/00

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